

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 1031933	FILED DATE
							APPLICANT'S	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51	
2		1					52	
3		2					53	
4		2					54	
5		0					55	
6		0					56	
7		0					57	
8		1					58	
9		1					59	
10		1					60	
11		3					61	
12		1					62	
13		1					63	
14		0					64	
15		0					65	
16		0					66	
17		0					67	
18		0					68	
19		1					69	
20							70	
21							71	
22							72	
23							73	
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39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	